



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Veterinary Medicine
1000 Washington Street, Suite 710
Boston, MA 02118-6100
Phone: (617) 727-3080

PROFESSIONAL AND ETHICAL REFERENCE FORM

The enclosed **Professional and Ethical Reference Forms** must be completed by currently licensed Veterinarians who are familiar with your veterinary skills, as well as your professional and ethical conduct. You must complete the top portion of the Reference Forms and provide them to the references, who should complete them, have them notarized, and remit them to you in a sealed envelope with their signature across the back. **DO NOT SUBMIT UNSEALED OR UNSIGNED REFERENCES**

I, _____, hereby authorize _____,
(applicant) (licensed veterinarian)

to provide the Board of Registration in Veterinary Medicine, with all information of any kind which the veterinarian may deem relevant to my qualifications as an applicant. I hereby release and discharge the endorser from all claims arising out of the provision of such information.

Date: _____ Applicant's Signature: _____

The remainder of this form is to be completed by the licensed veterinarian named above. Failure to do so will render this document invalid. Do not complete unless the above waiver is signed. This form must be signed by a Notary Public.

1. Name: _____

2. Address: _____

3. Tel. Number: _____ 4. License Number: _____ 5. State where licensed: _____

6. Relationship to the applicant (supervisor, professor, etc.): _____

7: Length of time known: From _____ to _____
(month/year) (month/year)

8. Indicate the setting(s) in which you have known the applicant, description of applicant's duties, and extent of your contact with applicant _____

9. Do you certify that the applicant is in good moral character? Yes _____ No _____

10. Do you believe that this applicant conducts his/her activities in conformance with the Code of Ethics of the American Veterinary Medical Association (AVMA) Yes___ No___ If no, please explain_____

11. AFFIDAVIT

I, the undersigned, being duly sworn do state under penalties of perjury that the answers given above are true and correct. I agree to provide any additional information requested by the Board.

Date:_____

Endorser's Signature

Notary Name(print):_____

Notary Signature: _____

My Commission Expires:_____